

THIS IS A PERMANENT RECORD
WRITE PLAINLY WITH INK
In case of more than one child at a birth, return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>327</u>
District of <u>No 3</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>1378</u>
Town of <u>Mesa</u>			Local Registrar No. <u>253</u>
or			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child _____		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>July 16/24</u>		Month _____ Day _____ Year _____	
8. Full name of FATHER <u>Coled Ault</u>		Full maiden name of MOTHER <u>Mrs. Elizabeth Elder</u>	
9. Residence (Usual place of abode) <u>Mesa Ariz</u>		15. Residence (Usual place of abode) <u>Mesa Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>46</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>44</u> (Years)
12. Birthplace (city or place) <u>Poultney Ark</u>		18. Birthplace (city or place) <u>Cedar Glade Ark</u>	
(State or country)		(State or country)	
13. Occupation <u>Laborn</u>		19. Occupation <u>Wife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>8</u>		(b) Born alive but now dead <u>1</u>	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7:59 a.m.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>E. E. Ovenshaw M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Mesa Ariz.</u>	
Month, day, year.		Filed <u>July 18, 1924</u>	
Registrar.		Filed <u>July 18, 1924</u>	
		County Registrar.	

313-716-459